

Executive Summary & Recommendations

The research

Standing Together Against Domestic Violence were commissioned by the London Councils to undertake research into the extent of help seeking by known victims of domestic violence across various statutory and voluntary agencies.

As a result of many months of examination of databases, interviews with frontline workers and a questionnaire with survivors we found that certain crucial issues rose to the surface repeatedly. These are outlined below and form the basis of our major conclusions.

The findings of this research have also facilitated the formulation of some broad recommendations for agencies, partnerships and practitioners within the public and voluntary sectors.

The complexity of local partnerships and the current position of those partnerships makes it difficult to be anything other than general in these recommendations. Many of the existing strategies to deal with domestic violence will include all or some of the issues contained in this report. Standing Together's position is that the responses to domestic violence are often incomplete or under funded. This will rarely be through a lack of knowledge or motivation on the part of those whose primary remit is domestic violence (i.e. Domestic Violence Coordinators) but it is hoped that this report will be useful in supporting the issues that those working with domestic violence struggle with daily.

We have attempted to present the conclusions and recommendations in sequential order in order to demonstrate the development of a whole response. However, we emphasise that training is of paramount importance throughout the development of any process, and essential as one of the first steps in implementing new responses, initiatives and procedures.

Prevalence of domestic violence

The research was based on the searches of various databases for victims who we already knew had been involved in a police incident of domestic violence. Ninety percent of those known victims were found on at least one other agency database that we searched.

One agency allowed us to review their records more extensively allowing us to provide a more detailed analysis. This demonstrated that our sample of victims had many other issues in their lives to which agencies had to respond. These covered significant problems such as children truanting, child abuse, substance misuse and a variety of housing issues. Importantly, domestic violence was a distinct theme which ran through so many of these social ills. Whilst domestic violence may not always have been the primary (or presenting) issue to which agencies are responding, it is significantly prevalent.

An overriding factor in agencies' response to domestic violence is the complexity of the issue and its prevalence and scale. Victims of domestic violence and their

children present to agencies a wide range of needs, all of which are occurring alongside domestic violence, demonstrating a correlating relationship, if not a causal one.

Recommendation: Introduce or develop a coordinated community response in line with Government policy.

This report throws further light on this and (again) makes the case for more concerted effort. This can only be achieved if the response is designed around a coordinated approach. The Government policy of supporting a coordinated community response¹ is well known and the model is a very sensible means of developing a considered and coherent form of coordination.

The following actions should naturally flow from a coordinated community response but are crucial elements of an approach which seeks to introduce a broader programme of activities. Prevention, early intervention and responding to crisis are the areas of activity which will make a difference.

Identification of domestic violence

Despite its consistent appearance on agency databases, this research highlighted that domestic violence is not always identified by the agencies. For 36% of our sample domestic violence was not identified on individual agency databases (apart from police). This is despite the fact that the victims were in contact with other agencies (sometimes many) and had reported the matter to the police.

If domestic violence is the cause of the issues with which the victims present to the agencies, it is essential that it is systematically and accurately identified by those agencies. Otherwise it seems unlikely that those agencies can solve problems for individuals and families when they are not aware of all the underlying issues.

Recommendation: Routine enquiry² to be implemented and forms/databases to be redesigned to allow this to be noted on case files.

Early identification of domestic violence is very important to ensure that a problem solving approach is likely to be successful. Whilst training is an important aspect of this a policy of establishing its existence will support the training.

Routine enquiry is fundamental in ensuring a consistent approach to domestic violence. A clear policy of routine enquiry should be in place and agreed by relevant personnel and sufficiently senior levels. The methods of effective routine enquiry should be included, together implications of disclosure and available routes of referral for staff to refer clients who disclose domestic violence.

There should also be clear spaces on paperwork and electronic files for the outcome of the enquiry to be recorded by staff. This can also act as a

¹ <http://www.crimereduction.homeoffice.gov.uk/dv/dv014.htm>

² The Department of Health 2005 guidelines "Responding to Domestic Abuse" is a very helpful handbook for all professionals who are dealing with DV in their everyday roles.

practical prompt or checklist for staff to remind them to make the enquiry and be sure to ask the relevant questions.

These relatively simple implementations can be remarkably effective in helping identify domestic violence consistently.

Training

The vast majority of the gaps in the working practices of agencies, and the frustrations of staff dealing with domestic violence on a daily basis could be solved by effective training.

We have emphasised the importance of identification of domestic violence but this is not always a simple process; it requires an understanding of the ways in which domestic violence manifests itself and the effect it has on the victims and their children. The part the perpetrator plays is also important, not least because of the risks inherent in dealing with such individuals, especially if not identified as such. An understanding and appreciation of the dynamics of violent relationships would allow agency workers to see a more accurate picture of the situation their clients are presenting with. It would provide opportunities to recognise the subtle signs of domestic violence which facilitates early intervention and prevention. Such early intervention of course reduces the scale and impact of domestic violence and its human and financial costs.

Very few staff we interviewed had received any kind of formal domestic violence training. This demonstrates the loss of any number of missed opportunities for agencies to improve their response to the needs of their clients.

Recommendation: Training programmes in identifying domestic violence and understanding the dynamics of domestic violence.

Training remains the factor which leads to change across agencies. Frontline workers must understand the dynamics of domestic violence to ensure they deal with the case appropriately, especially in terms of their reaction to victims and perpetrators. It is also important to allow them to identify more cases than was demonstrated in our research and without training this will be very difficult to achieve. Such training will also enable them to look beyond the boundaries of their given role and assist in reducing the 'remit-driven culture.'

Thus the recommendation is that local DV partnerships institute a training programme³ for frontline staff which directly addresses the dynamics of domestic violence (including perpetrator behaviour). Any training programme should also explore methods of identifying domestic violence as a factor in clients' background where it is not specifically disclosed, and how to enquire safely and appropriately.

Information sharing

³ Many partnerships have well funded and impressive training programmes of which Devon and Cheshire are notable examples.

We found that the identification of domestic violence by agencies did not necessarily lead to information, some of it vital, being shared with other agencies. In over a third of cases of domestic violence victims known to the police and who had contact with at least one other agency, domestic violence was not identified by any of the other agencies. This indicates that agencies had not shared their knowledge of the case with their partners.

Domestic violence tends not to be systematically factored into the standard forms or checklists which are used by staff as part of client assessment. It also appears not to be systematically flagged so that colleagues and other agencies can quickly and easily see that domestic violence might be an issue. Data protection concerns were regularly quoted as a significant barrier to the sharing of information both within organisations and between organisations.

As the importance of the collation of all relevant information is vital to achieve workable outcomes the systems used to gather information are a crucial element in arriving at those outcomes.

Recommendation: Information Sharing Protocols to be established, to include health agencies.

Information sharing remains the single most challenging aspect of the partnership approach to domestic violence. It is difficult to address this concisely within this document but it is a fact that successful Multi-agency Risk Assessment Conferences (MARACs) have negotiated a way through such problems. The CAADA website (www.caaada.org.uk) provides significant support on this subject.

This research demonstrates the need but it remains the responsibility of agencies to agree an information sharing protocol. The likelihood of serious harm (and pragmatically, criticism of inter-agency working) makes this a vital area of developmental need, particularly with health agencies. Furthermore, an information sharing protocol also allows workers to share information with confidence and predefined parameters.

Thus the recommendation is that information sharing protocols be established which include the health agencies on the basis that significant harm to victims is likely if knowledge is not shared between relevant agencies.

Responding to domestic violence

Responding to domestic violence is clearly a complex task for any agency. It is rarely the only issue which requires action and the longer such issues have been developing the more difficult they are to resolve. Responding to domestic violence at the crisis stage often limits the effectiveness of any intervention and it is widely recognised that intervening at earlier stages is vital to the reduction of domestic violence and associated issues. This could be achieved if effective training were introduced, leading to speedier identification.

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Recommendation: Policies and practice should be introduced within public sector agencies which addresses the earlier (pre-crisis) aspects of domestic violence.

Training and earlier identification of domestic violence will lead to the possibility of pre-crisis interventions which may be within the effective scope of the statutory sector. There will continue to be an absolute need for specialist services (see below) but the public sector agencies can introduce policies and actions which safely address the needs of the victim and children and hold perpetrators to account

The specialist service provider

The role of the specialist service provider cannot be overstated. The specialist agencies can respond directly to the domestic violence thereby assisting and enabling victims to negotiate their way through other agency procedures. Furthermore, they provide an invaluable referral route for agencies whose direct remit is not domestic violence.

However the existence of specialist services is limited and thus their effectiveness cannot be fully realised by the majority of agencies and practitioners.

Recommendation: Analysis of prevalence (using evidence from this research) should be conducted and specialist services should be commissioned according to defined need.

Our research demonstrated the value of specialist services and their limitations in terms of funding and capacity. If these recommendations are followed more cases will be identified and some of those may be resolved without recourse to the specialist sector. Despite this all the evidence points to a need for more services at an advanced and professional level, particularly at the point of crisis.

This research has highlighted above all else a requirement to train frontline staff and then respond to need with increased expertise and specialist services. Practical improvements could be made to incorporate domestic violence more visibly in standard forms and checklists used by front line workers, and to put systems in place within agencies to communicate the eventual outcomes of cases to front line workers (particularly police).